

NEW YORK STATE DEPARTMENT OF HEALTH
Biomonitoring Project to Assess Body Burden of Perfluorooctanoic Acid (PFOA):
Hoosick Falls Area, Rensselaer County, NY

F. ADULT QUESTIONNAIRE

Last Name: _____

First Name: _____

Date of Birth: ____/____/____

Gender: M F

Current Residential Address

Street: _____

City: _____ **State:** _____

ZIP: _____

Phone: (____)_____-____-____ (____)_____-____-____

Email: _____

Mailing Address (if different):

Street: _____

City: _____ **State:** _____

ZIP: _____

Physician Information: If you would like your results mailed to your personal physician, please provide us with his/her name and address:

Print name of physician: _____

Print Address of Physician: _____

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The first questions are about how you may have been exposed to PFOA from drinking water in the time before you knew about the PFOA in the drinking water and took steps to reduce your exposure. (Later in the questionnaire we will ask for a detailed residential & occupational history going back 20 years.)

1. Do you currently or did you formerly (or never) lived in a home served by **Village Hoosick Falls public water and you drank the public water?**

- a ☐ CURRENTLY live in a home served by Village of Hoosick Falls **public water**
- b ☐ FORMERLY lived in home served by Village of Hoosick Falls **public water**
- c ☐ NEVER lived in a home served by Village of Hoosick **public water** (*go to question 11*)
- d ☐ do not know/refused (*go to question 11*)

IF CURRENTLY :

- 2. For how many years? _____
- 3. How many 8 oz cups per day? _____
- 4. Did you filter the water?
 - a ☐ ALWAYS
 - b ☐ OCCASIONALLY
 - c ☐ NEVER
- 5. Do you drink bottled water at home?
 - a ☐ ALWAYS
 - b ☐ OCCASIONALLY
 - c ☐ NEVER

IF FORMERLY:

- 6. For what years during the last 20 years? From _____ to _____ (i.e. 1996 to 2016)
- 7. For what years more than 20 years ago? From _____ to _____ (approximate)

- 8. How many 8 oz cups per day? _____
- 9. Did you filter the water?
 - a ☐ ALWAYS
 - b ☐ OCCASIONALLY
 - c ☐ NEVER
- 10. Did you drink bottled water at home during these years?
 - a ☐ ALWAYS
 - b ☐ OCCASIONALLY
 - c ☐ NEVER

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11. Do you currently or did you formerly live in a home served by a **private well** that was **tested and found to be contaminated with PFOA and you drank the well water?**

- a ☐ CURRENTLY using a **private well** tested and shown to be **contaminated with PFOA**
(sampling results showed PFOA contamination)
- b ☐ FORMERLY used a **private well** tested and shown to be **contaminated with PFOA**
- c ☐ NEVER lived in a home with private tested and shown to be **contaminated with PFOA**
- d ☐ do not know/refused

(If Never or do not know, go to question 21)

IF CURRENTLY :

- 12. For how many years? _____
- 13. How many 8 oz cups per day? _____
- 14. Did you filter the water?
 - a ☐ ALWAYS
 - b ☐ OCCASIONALLY
 - c ☐ NEVER
- 15. Do you drink bottled water at home?
 - a ☐ ALWAYS
 - b ☐ OCCASIONALLY
 - c ☐ NEVER

IF FORMERLY:

- 16. For what years during the last 20 years? From _____ to _____ (i.e. 1996 to 2016)
- 17. For what years more than 20 years ago? From _____ to _____ (approximate)

- 18. How many 8 oz cups per day? _____
- 19. Did you filter the water?
 - a ☐ ALWAYS
 - b ☐ OCCASIONALLY
 - c ☐ NEVER
- 20. Did you drink bottled water at home during these years?
 - a ☐ ALWAYS
 - b ☐ OCCASIONALLY
 - c ☐ NEVER

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21. Do you currently or did you formerly live in a home served by a **private well** that has not been **tested for PFOA and you drank the well water**?

- a ☐ CURRENTLY lived in a home with a **private well**, PFOA contamination **unknown**
- b ☐ FORMERLY lived in a home with a **private well**, PFOA contamination **unknown**
- c ☐ NEVER lived in a home with a **private well**, PFOA contamination **unknown**
- d ☐ do not know/refused

(If Never or do not know, go to question 31)

IF CURRENTLY :

- 22. For how many years? _____
- 23. How many 8 oz cups per day? _____
- 24. Did you filter the water?
 - a ☐ ALWAYS
 - b ☐ OCCASIONALLY
 - c ☐ NEVER
- 25. Do you drink bottled water at home?
 - a ☐ ALWAYS
 - b ☐ OCCASIONALLY
 - c ☐ NEVER

IF FORMERLY:

- 26. For what years during the last 20 years? From _____ to _____ (i.e. 1996 to 2016)
- 27. For what years more than 20 years ago? From _____ to _____ (approximate)

- 28. How many 8 oz cups per day? _____
- 29. Did you filter the water?
 - a ☐ ALWAYS
 - b ☐ OCCASIONALLY
 - c ☐ NEVER
- 30. Did you drink bottled water at home during these years?
 - a ☐ ALWAYS
 - b ☐ OCCASIONALLY
 - c ☐ NEVER

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31. Do you currently or did you formerly work at a factory in the Village of Hoosick Falls?

- a ☐ CURRENT employee in factory (manufacturing facility) in Village
- b ☐ FORMER employee in factory in Village
- c ☐ NEVER employed in factory in Village
- d ☐ do not know/refused

If **NEVER or No Answer**, skip to Question 38.

If **Current or Former**, continue below:

32. What is/was the name of the facility? _____

33. What street is/was it on? _____

34. What years did you work there? _____

35. What is/was your job title and brief job duties? Title: _____

Job Duties _____

36. Did you work **with PFOA**? ☐ Yes ☐ No

37. Did you work **in or near an area where others were using PFOA**? ☐ Yes ☐ No

38. Do you currently or did you formerly (or never) **work in a location served by Village of Hoosick Falls public water and you drank the water?**

- a ☐ CURRENTLY **work** in a location served by **Village of HF public water**
- b ☐ FORMERLY **work** in a location served by **Village of HF public water**
- c ☐ NEVER **worked** in a location served by **Village of HF public water**
- d ☐ do not know/refused

39. Do you currently or did you formerly (or never) **work in a location served by a private well that was tested and found to be contaminated with PFOA and you drank the water?**

- a ☐ CURRENTLY **work** in a location served by a **private well** that was **tested and found to be contaminated with PFOA?**
- b ☐ FORMERLY **work** in a location served by a **private well** that was **tested and found to be contaminated with PFOA?**
- c ☐ NEVER **worked** in a location served by a **private well** that was **tested and found to be contaminated with PFOA?**
- d ☐ do not know/refused

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40. Do you currently or did you formerly (or never) attend a daycare or school in the Village?

- a ☐ CURRENTLY attend **daycare or school** in the Village
- b ☐ FORMERLY attended **daycare or school** in the Village
- c ☐ NEVER attend **daycare or school** in the Village
- d ☐ do not know/refused

41. If none of the exposure scenarios described above explain why you are requesting blood testing for PFOA, please explain below (other potential exposure?):

42. How many years have you lived at your current address (on page 1 of this questionnaire)? _____

If lived at current address < **20 years**, fill out residential history back to 20 years (1996):

Previous Address 1

Street: _____
City: _____ State: _____ ZIP: _____
What years? _____ to _____

Previous Address 2

Street: _____
City: _____ State: _____ ZIP: _____
What years? _____ to _____

Previous Address 3

Street: _____
City: _____ State: _____ ZIP: _____
What years? _____ to _____

Previous Address 4

Street: _____
City: _____ State: _____ ZIP: _____
What years? _____ to _____

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43. Have you ever smoked cigarettes? ☐Currently ☐Formerly ☐Never

If current smoker, how many cigarettes per day? _____

44. Are you now, or were you in the past, a professional or volunteer firefighter? ☐ Yes ☐ No

Dates: _____

Occupational History (for information going back 20 years, to 1996; if more than 5 jobs, abbreviated information is sufficient for additional jobs)

45. **Current Job** (If more than one current job, provide add'l jobs below.)

Employer Name: _____

Employer Address: _____

Job Title: _____

Job Tasks: _____

What years? _____ to _____

2nd Current Job or Previous Job 1

Employer Name: _____

Employer Address: _____

Job Title: _____

Job Tasks: _____

What years? _____ to _____

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Previous Job 2

Employer Name: _____

Employer Address: _____

Job Title: _____

Job Tasks: _____

What years? _____ to _____

Previous Job 3

Employer Name: _____

Employer Address: _____

Job Title: _____

Job Tasks: _____

What years? _____ to _____

Previous Job 4

Employer Name: _____

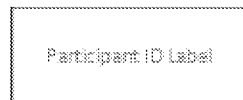
Employer Address: _____

Job Title: _____

Job Tasks: _____

What years? _____ to _____

PRIVILEGED AND CONFIDENTIAL PURSUANT
TO LAW INCLUDING, BUT NOT LIMITED TO,
PUBLIC HEALTH LAW SECTION 206(1)(j)



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The blood testing project's goal is to learn about levels of exposure to PFOA. By providing the following information, you are assisting us with learning about health conditions of concern in your community. Providing this information is completely voluntary. NYS DOH will protect the confidentiality of your information and will not share it with any person or entity.

Have you ever been diagnosed with any of the following health conditions?			CHECK		If YES, tell what year
			YES	NO	
46	Circulatory	High blood pressure			
47		Coronary artery disease			
48		High cholesterol			
49		Stroke			
50	Autoimmune	Lupus			
51		Type 1 diabetes			
52		Inflammatory bowel disease			
53		Ulcerative colitis			
54		Crohn's disease			
55		Multiple sclerosis			
56		Rheumatoid arthritis			
57		Other autoimmune: _____			
58	Liver	Hepatitis			
59		Enlarged liver			
60		Fatty liver disease			
61		Cirrhosis			
62		Other liver: _____			
63	Neurological	Alzheimer's disease			
64		Parkinson's disease			
65		AML – Lou Gehrig's disease			
66		Other neurological: _____			
67	Thyroid	Hypothyroidism			
68		Hyperthyroidism			
69		Other thyroid _____			
71	Kidney	Chronic kidney disease			
72		End-stage renal disease			
73		Other kidney: _____			
75	Pregnancy	Pregnancy induced hypertension			
76		Pre-eclampsia			
77		Other pregnancy problem: _____			
78	Cancer	Cancer type:			
79		Cancer type:			
70		Cancer type:			
81	Other conditions:	(Use other side of page if needed)			
82	(specify)				
83					
84					